PTO/SB/31 (04-05)
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NOTICE OF APPEAL FROM THE EXAMINER TO	Docket Number (Optional)					
THE BOARD OF PATENT APPEALS AND INTERFERENCES	55522(70904)					
In re Application of Toru Sorihashi						
Application Number 09/757,726-Conf. #8376	Filed January 10, 2001					
PROCESSING METHOD A	SING DEVICE, INFORMATION AND RECORDINGMEDIUM STORING FOR PROCESSING INFORMATION					
Art Unit	Examiner					
2178	Kyle R. Stork					
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences  The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))	\$500.00					
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  I have enclosed a duplicate copy of this sheet.						
The Director is hereby authorized to charge any fees which may be req     Deposit Account No. 04-1105 . I have enclosed a duplicate of	• • •					
A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22)	) is enclosed.					
I am the applicant /inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Signature  Steven M. Jensen Typed or printed name					
x attorney or agent of record.	•					
Registration number 42,693	(617) 439-4444					
attorney or agent acting under 37 CFR 1.34.	Telephone number					
Registration number if acting under 37 CFR 1.34.	April 21, 2006 Date					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of forms are submitted.						

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First Named Inventor   Toru Sorihashi   Examiner Name   K. Stork	FFF TRANS					2001		
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METHOD OF PAYMENT (s) 500.00   Attomey Docket No.   55522 (70904)								
METHOD OF PAYMENT (check all that apply)   Check	Applicant claims small entity sta	atus. See 37 CFR 1.27		Art Unit 2178			_	
Check Credit Card Money Order None Other (please identify):    Deposit Account   Deposit Account Number   Q4-1105   Deposit Account Name:   Edwards Angell Palmer & Dodge, LLP	TOTAL AMOUNT OF PAYMENT	(\$) 500.00		Attorney Docket No. 55522 (709			)4)	
Per   Port the above-identified deposit account Number.   Deposit Account Name:   Edwards Angell Palmer & Dodge, LLP	METHOD OF PAYMENT (chec	k all that apply)				· · · · · · · · · · · · · · · · · · ·		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the fill     X   Charge any additional fee(s) or underpayment of   X   Credit any overpayments	Check Credit Card	Money Order	None	Other	(please ide	ntify):		
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X   Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   Cred	i — ·		C.O. 13 11		-			ho filina foo
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   Small Entity   Fee (\$)   Fe			ent or	x Credit	any over	payments		
FILING FEES	FEE CALCULATION				-		-	
Application Type	1. BASIC FILING, SEARCH, AND I	EXAMINATION FEES						
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Utility	Application Type Fee (		ee (\$)		Fee (\$)		Fees I	Paid (\$)
Plant	Utility 300	150	500		200			
Reissue   300   150   500   250   600   300	Design 200	100	100	50	130	65		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Plant 200	100	300	150	160	80		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  Indep. Claims Fee (\$) Fee Paid	Reissue 300	150	500	250	600	300		
Fee (\$) Fee (\$	Provisional 200	100	0	0	0	0		
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Sheets or fraction and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  Notice of Appeal  Registration No. (Altomey/Agent)  Fees Paid (\$)	2. EXCESS CLAIM FEES							Small Entity
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  Notice of Appeal  Registration No. (Altomey/Agent)  Fee Paid (\$)  Telephone (617) 439-444								Fee (\$)
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  SUBMITTED BY  Signature  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)	\ J	,						25
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Fee		luding Reissues)						100
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  -= x =   3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Notice of Appeal 500.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 42,693 Telephone (617) 439-444	• •	Foo (\$)	Eoo Dai	id (¢)		Iultinla Danand		180
Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  SAPPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  Notice of Appeal  Registration No. (Attorney/Agent)	Total Claims Extra Claims	ree (\$) =	ree Fai				<del></del>	
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Signature Registration No. (Attorney/Agent) 42,693 Telephone (617) 439-444	Other (e.g., late filing surcharge)	Notice of Ap	peal	<u> </u>			50	0.00
(Attorney/Agent) 42,093 Telephone (617) 439-4444	SUBMITTED BY							
	Signature				42,693	Telephone	(617) 439	9-4444
Name (Print/Type)   Steven M. Yerlsen   Date   April 21, 2006	Name (Print/Type) Steven M. Jense	n	11/2			Date	April 21	2006
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I hereby certify that this correspondence in an envelope addressed to: Commission	is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV754868425US, oner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.
Dated: April 21, 2006	Signature: Juosa W. Jauw (Teresa Lauro)